

Overview

Self-study modules

- Module 1
 - Explaining diagnosis to parents
- Module 2
 - Pros and cons of evidence based interventions
- **Module 3**
 - **Basic principles of Floortime and the role of the therapist**

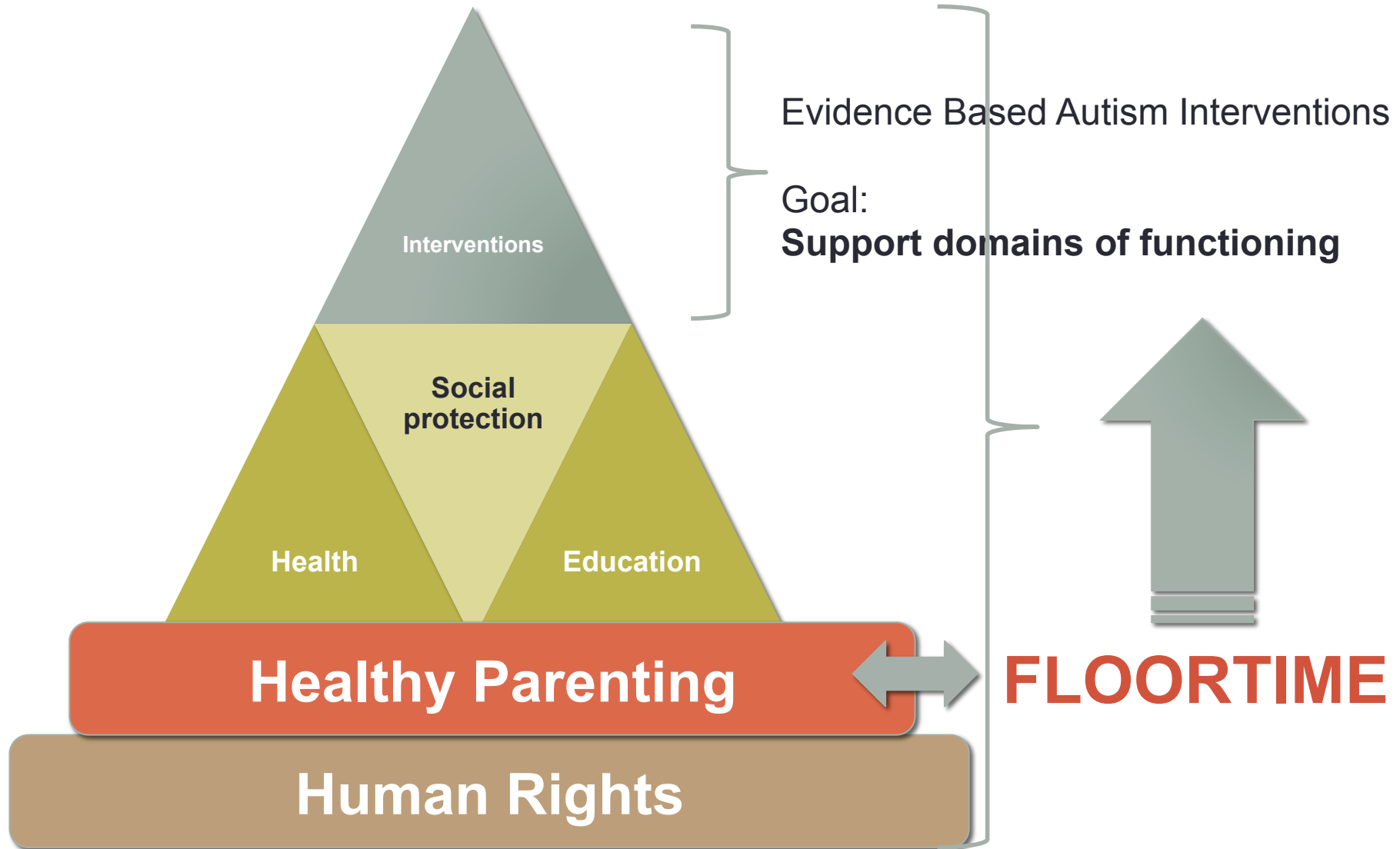
Interactive online meetings

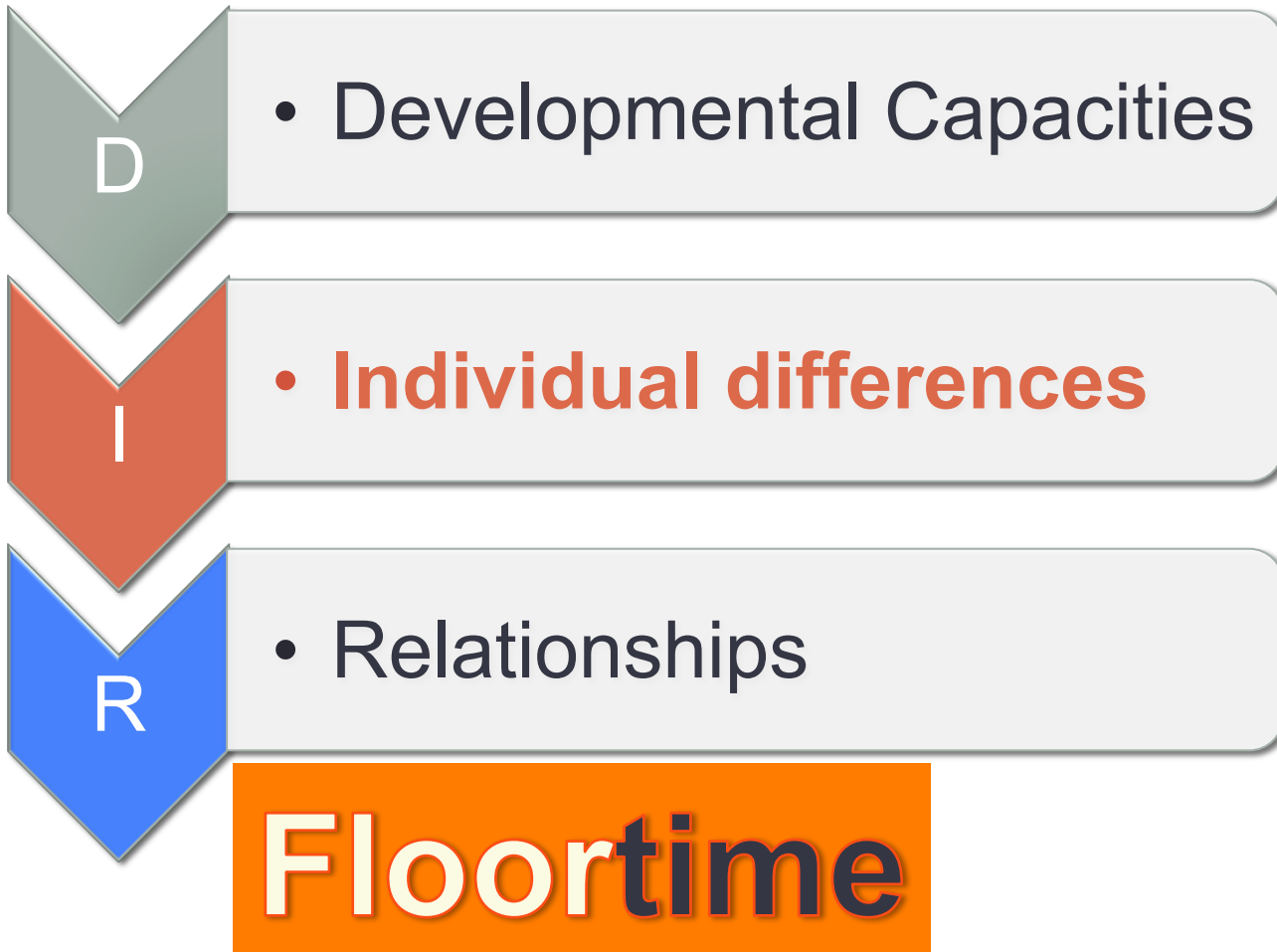
- Q & A for Module 1
 - Tuesday March 31, 7:00-8:30pm
- Q & A for Module 2
 - Tuesday April 14, 7:00-8:30pm
- **Q & A for Module 3**
 - **Tuesday April 28, 7:00-8:30pm**

BASIC PRINCIPLES OF FLOORTIME AND THE ROLE OF THE THERAPIST

Module 3

Beyond Autism: Floortime as a human development & parenting model





CHILD (ADOLESCENT)

ADULT

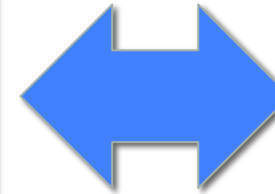
I

Individual
differences



D

Developmental
Capacities
("behaviors"
we observe)



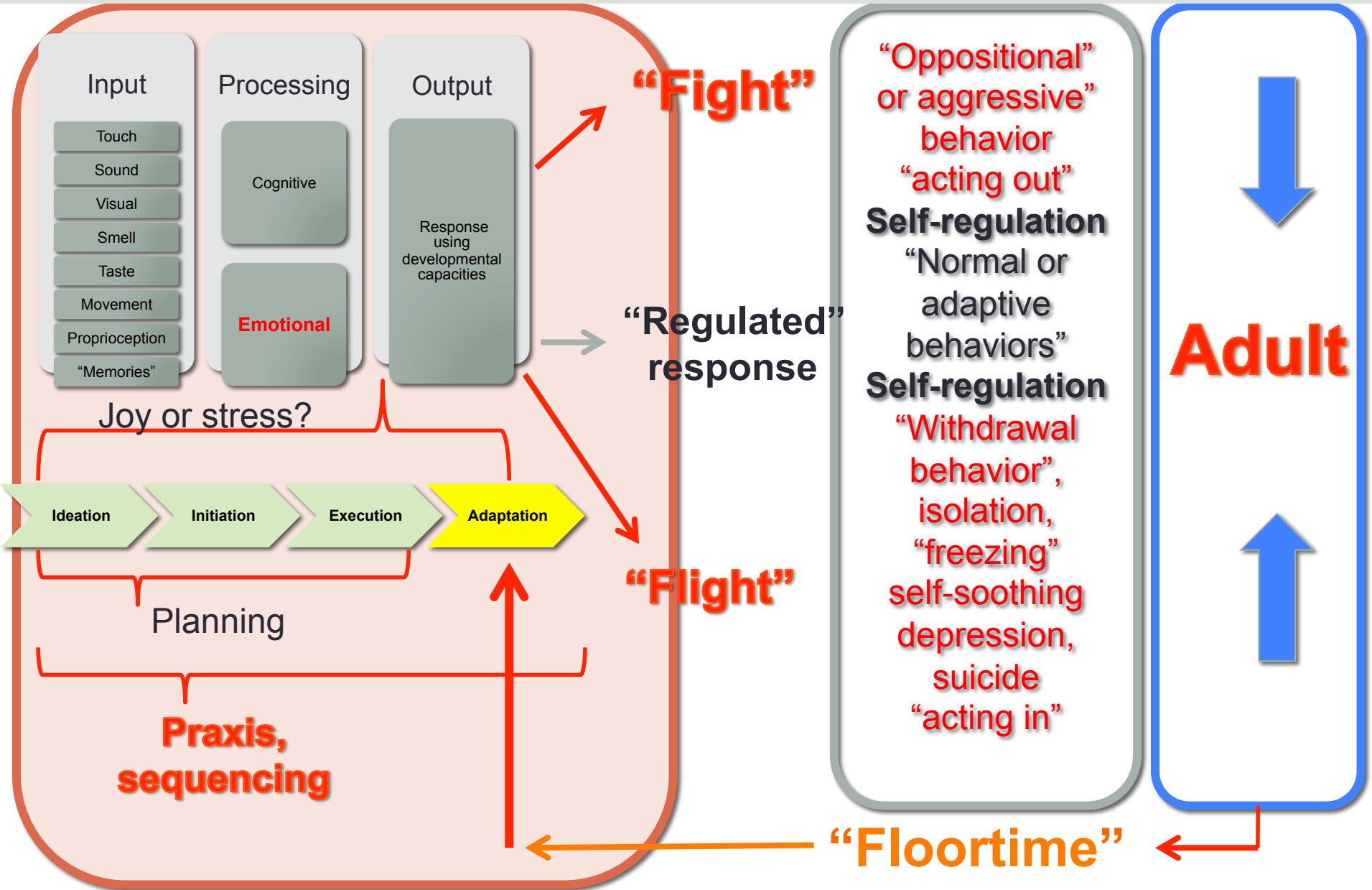
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Relationships
(adults who
interact with
child on a daily
basis)



Learning interaction via "co-regulation", co-engagement" &
"circles of communication"
FLOORTIME

Individual differences

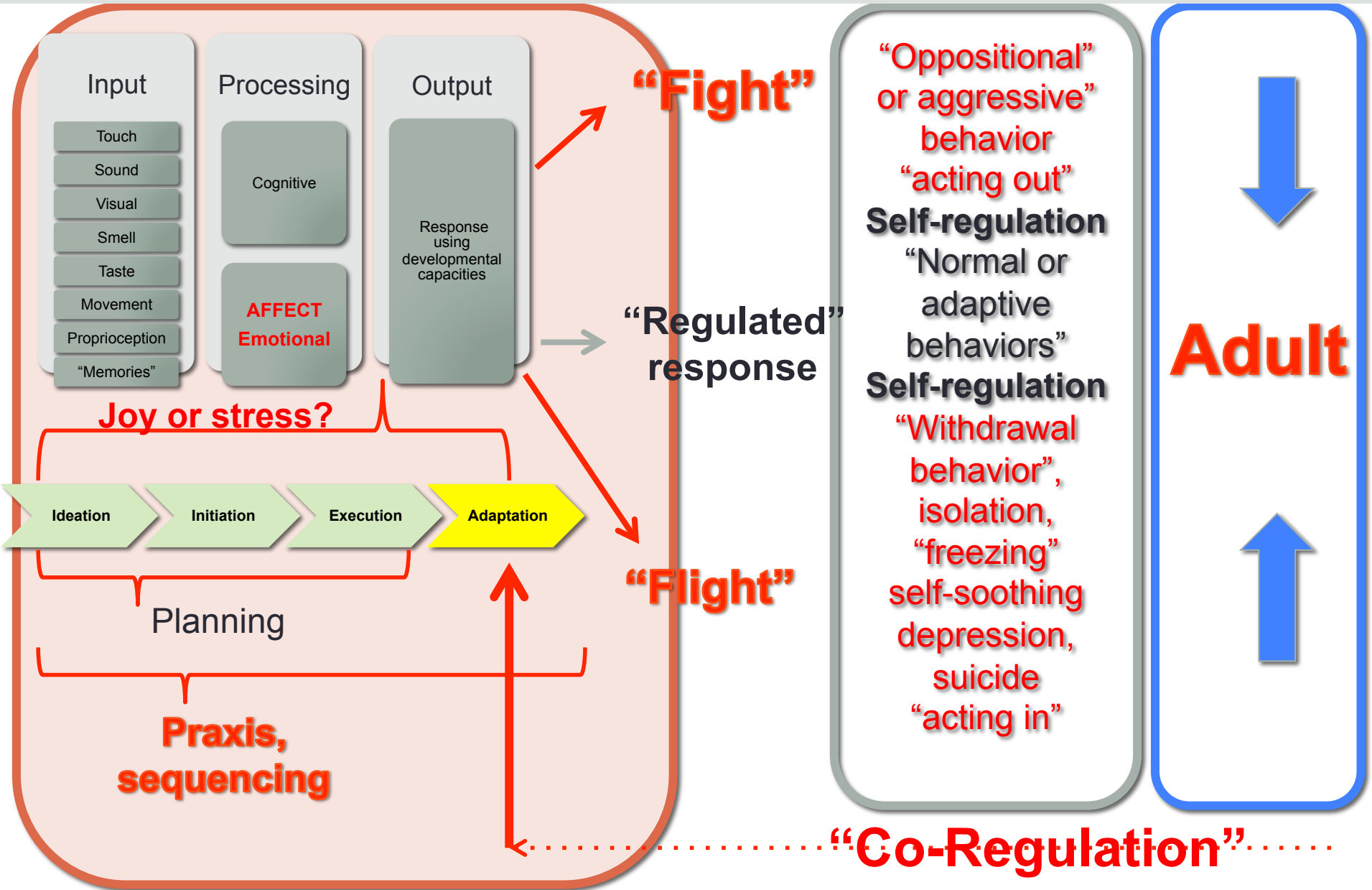


Autism Spectrum Disorders

The Affect Diathesis Hypothesis

- “Children with autistic spectrum disorders may uniquely, for biological reasons, miss a critical developmental capacity, the **ability to connect affect or intent to motor planning and sequencing capacities** and, therefore, have a difficult time engaging in the long reciprocal chains of affective interaction”

Individual differences



The Affect Diathesis Hypothesis

Capacity to engage vs. capacity for exchanging affective signals

- Many children with autistic spectrum disorder are capable of deeply engaging and forming patterns of warmth, trust, and dependency with a great deal of pleasure and joy.
- Some of these children will have varying degrees of difficulty, however, in developing **ongoing, reciprocal, affective interchanges**. Even if they are warmly and deeply engaged, it's especially difficult for some children to develop a continuous flow of reciprocal, affective interactions.”



- Developmental Capacities



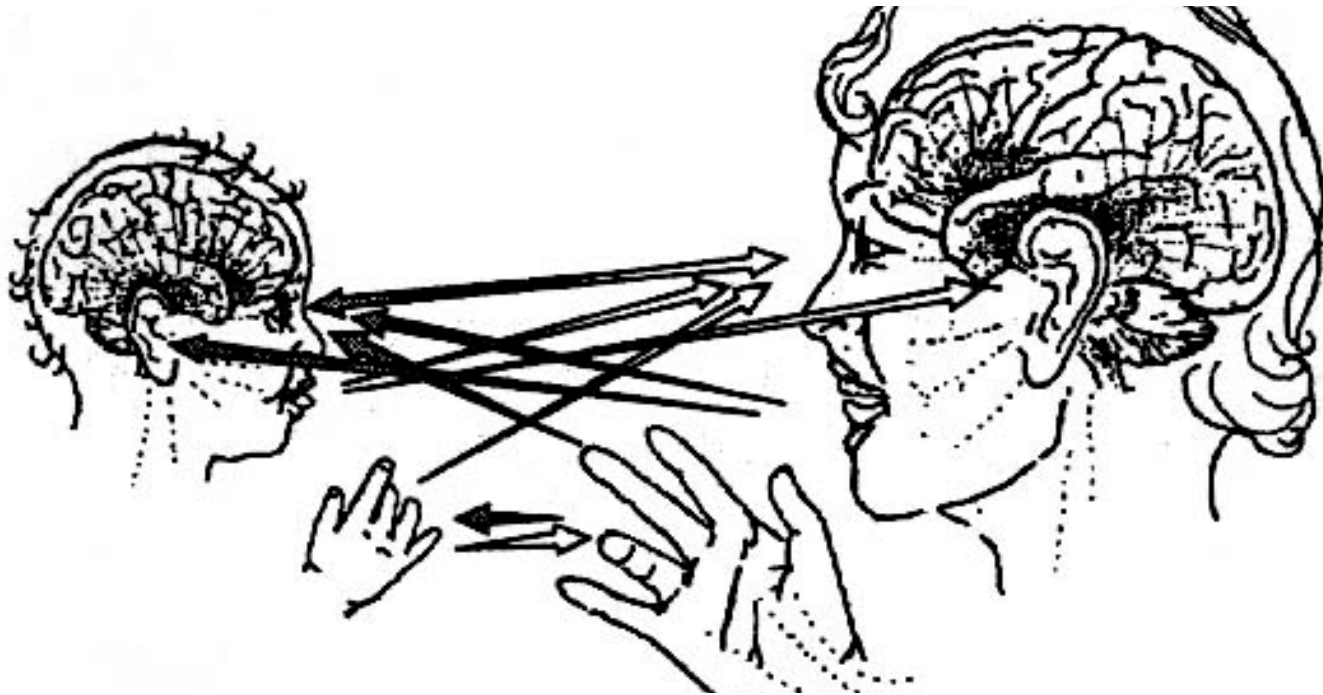
- Individual differences



- Relationships

Floortime

The Science of Affect (“Emotion”)

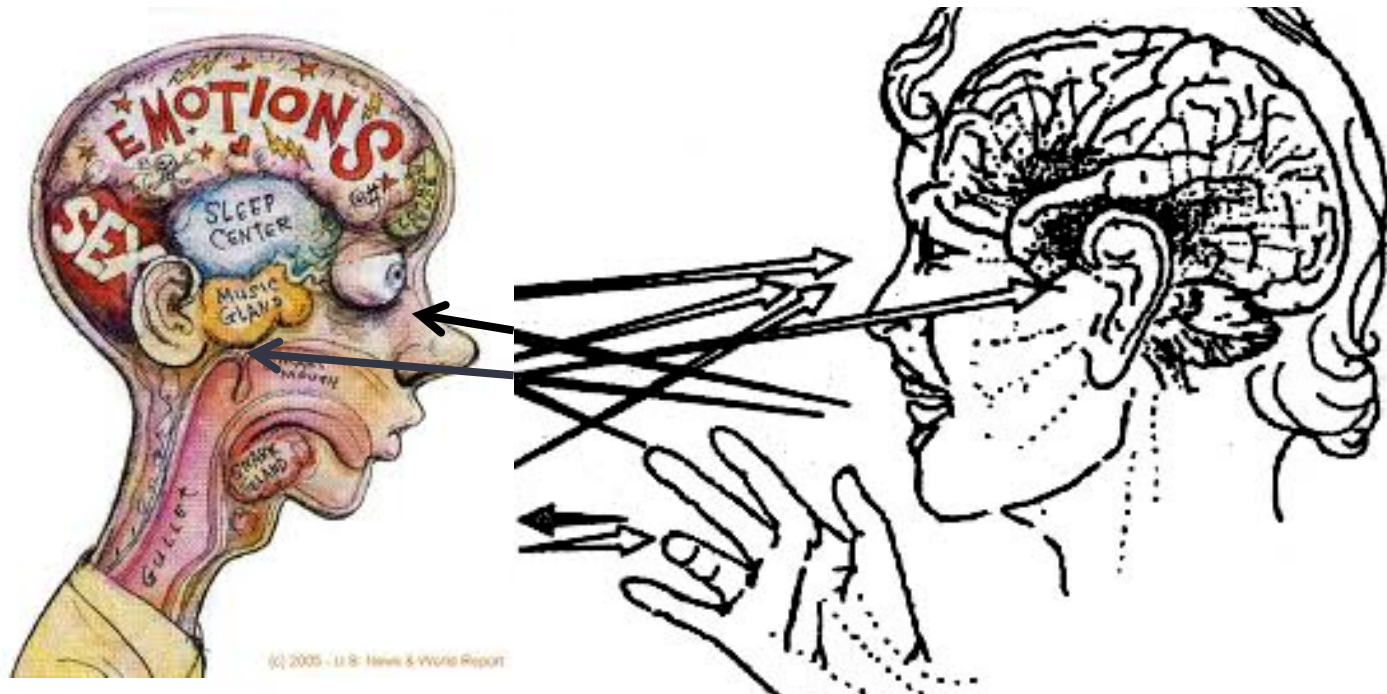


Professor Colwyn Trevarthen, 1989

<http://www.educationscotland.gov.uk/earlyyears/prebirthtothree/nationalguidance/conversations/colwyntrevarthen.asp>

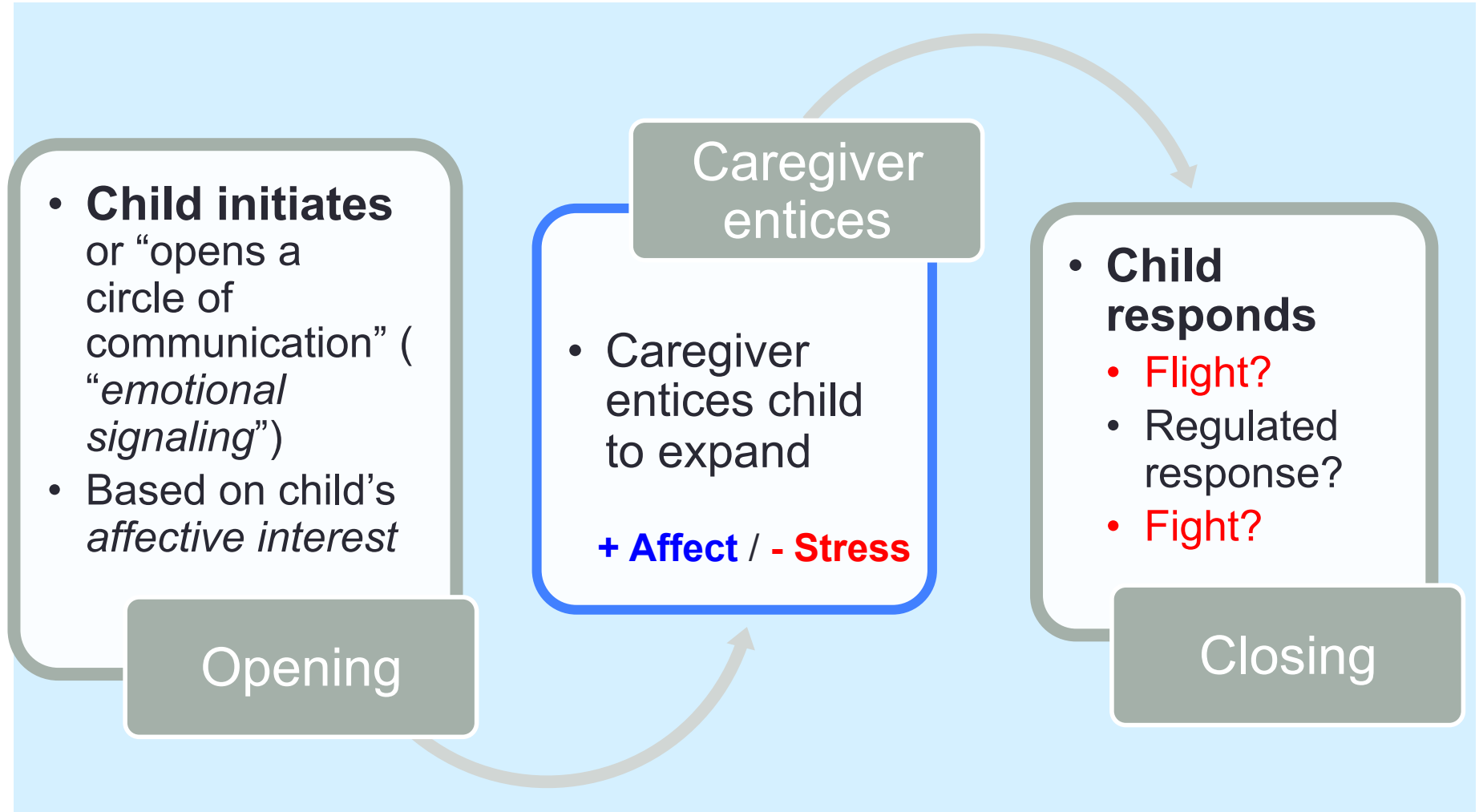
“Becoming a respected member of the community”

The Science of **Affect** (“Emotion”)

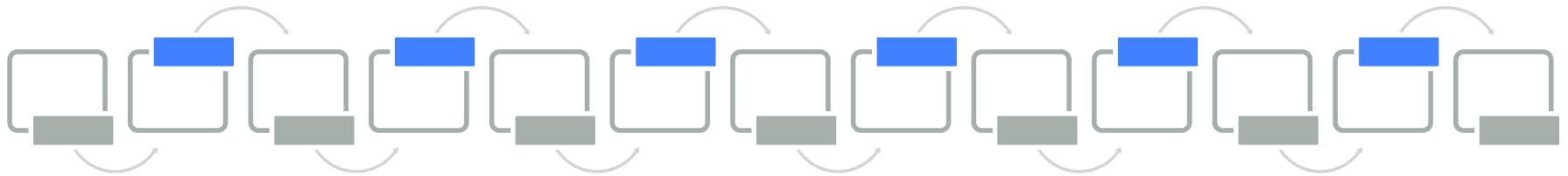


“Becoming a respected member of the community”

Circles of Communication



Flow of multiple Circles of Communications



**Affective co-regulated
interactions!**

Affect in the context of Relationships

- “The capacity for engaging in a continuous flow of **reciprocal affective interactions** enables the child to modulate mood and behavior, functional preverbal and verbal communication, and thinking”**
- **Role of stress** in fragmenting and disorganizing behavior



“Normal behaviors”

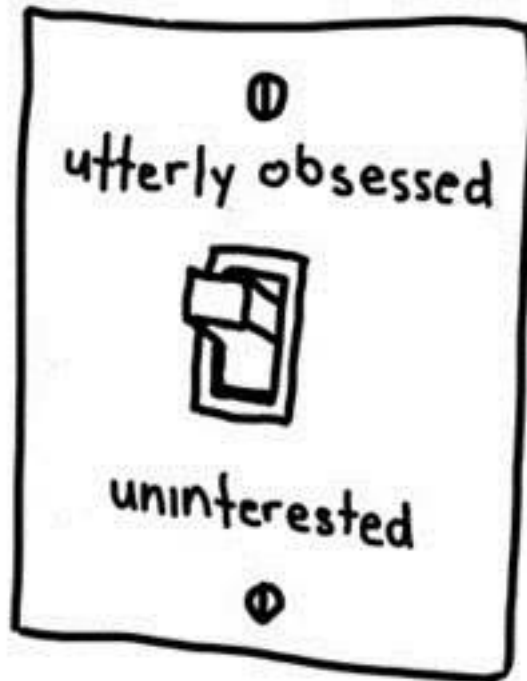
- Nail biting
- Chewing on a pen top
- Hair twisting
- Foot tapping
- Watching a lava lamp or other water feature

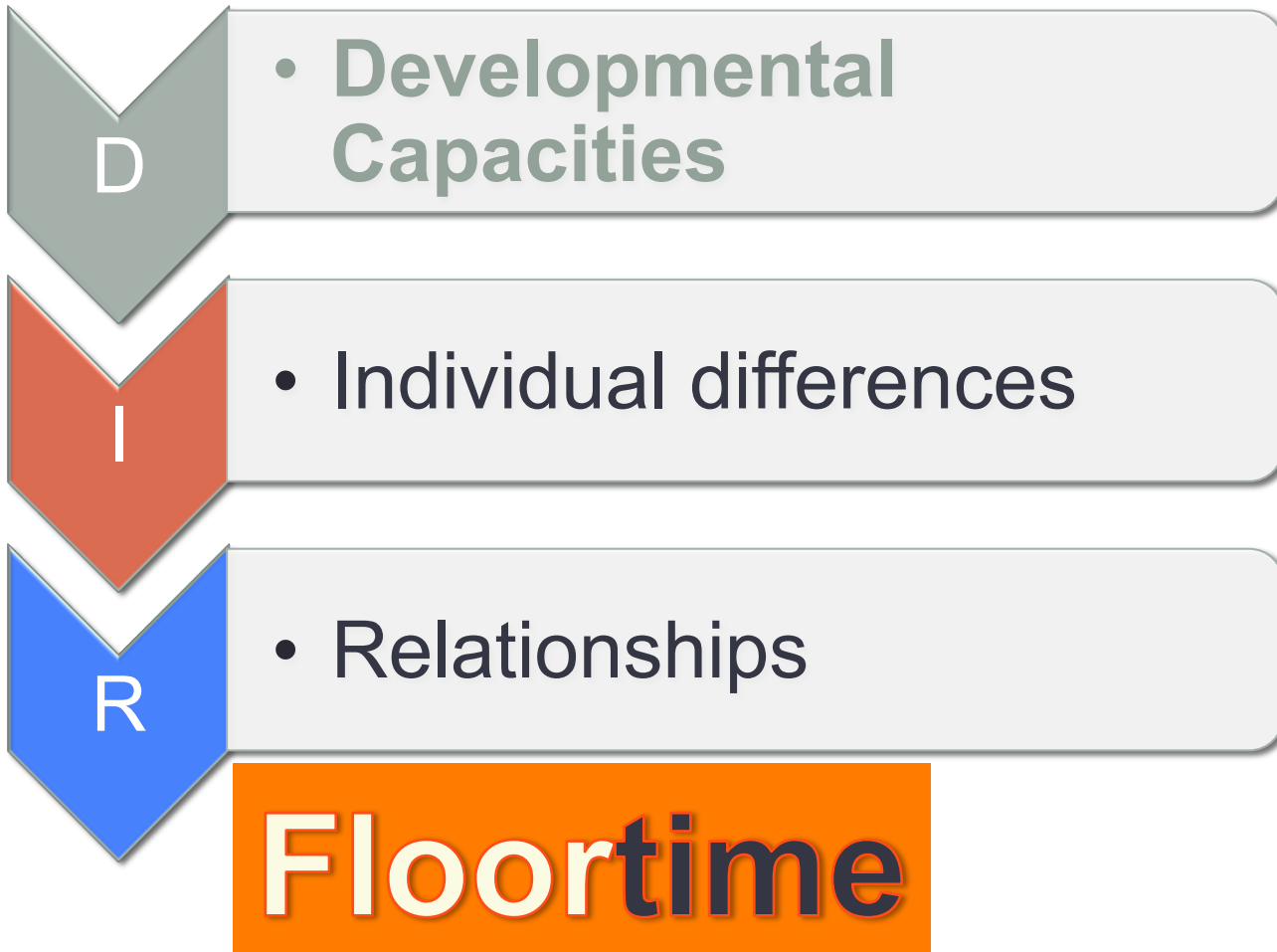
“Autistic behaviors” (defined by?)

- Hand flapping
- Lining toys
- Chewing on a non-food object
- Making repetitive mouth sounds
- Looking at spinning object
- Following a line or straight surface with the eyes



how my brain works.

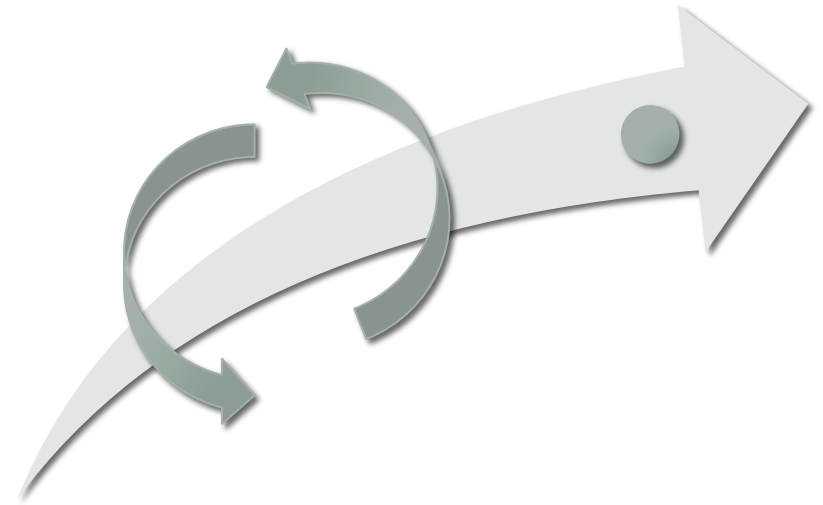




Traditional Developmental Domains

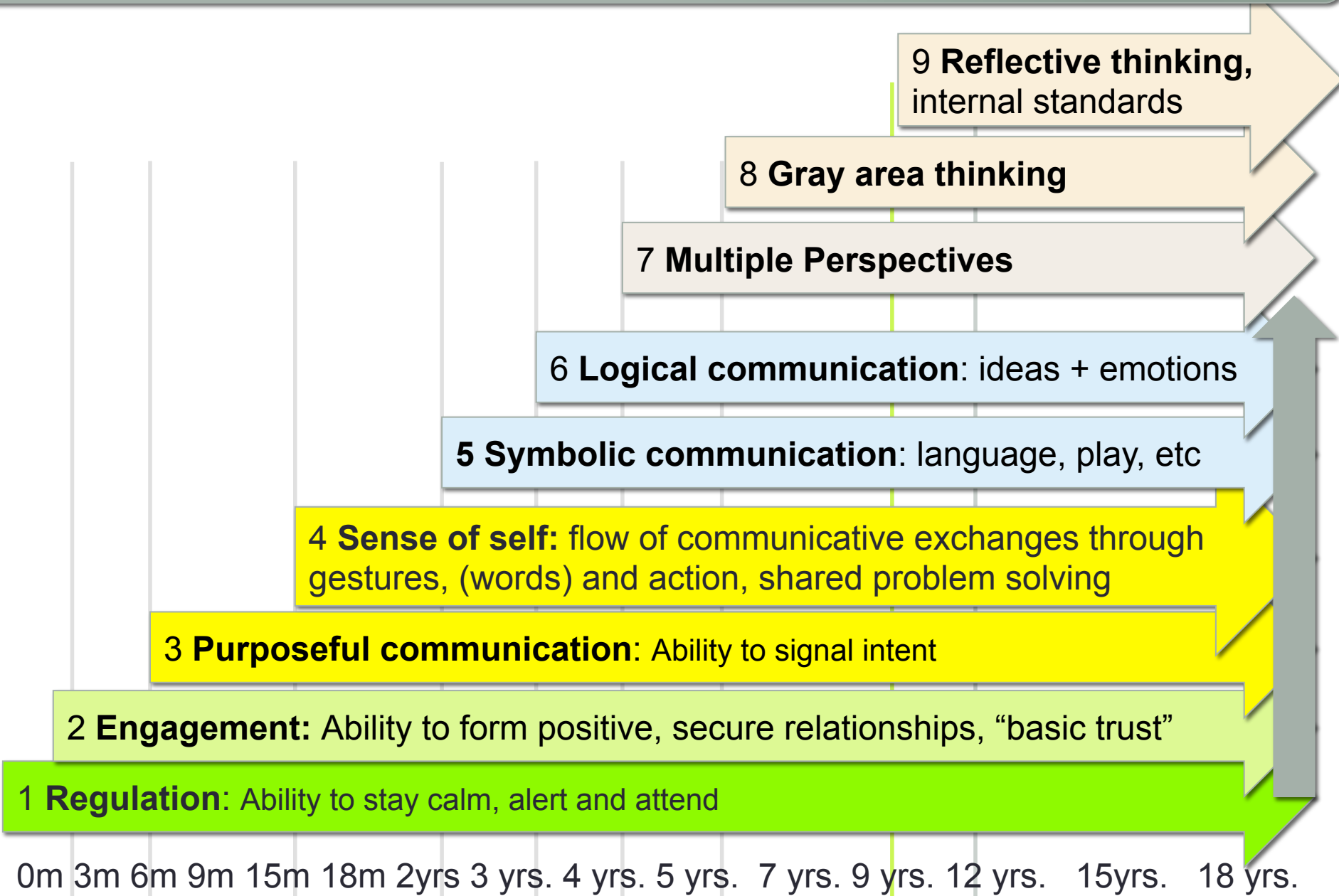
- Language
 - Receptive/ Expressive
- Motor
 - Fine & Gross Motor
- Cognitive
- Viso-Spatial
- Socio – Emotional

Functional Emotional Developmental Domains



Integration of Piaget and
Psychodynamic models (Bolwby)

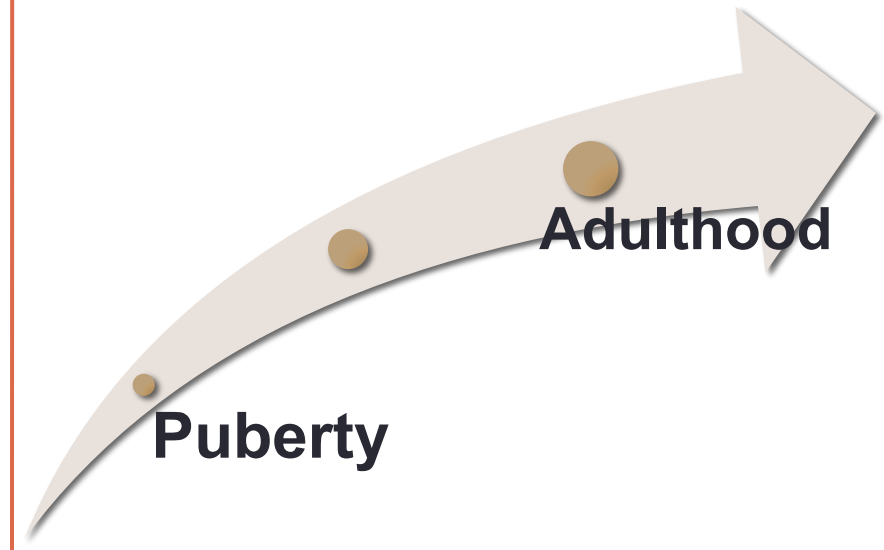
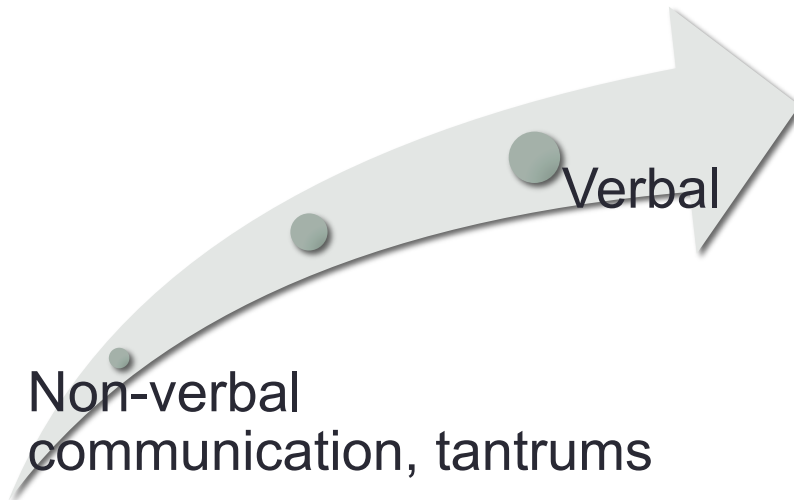
Functional Emotional DEVELOPMENTAL Capacities



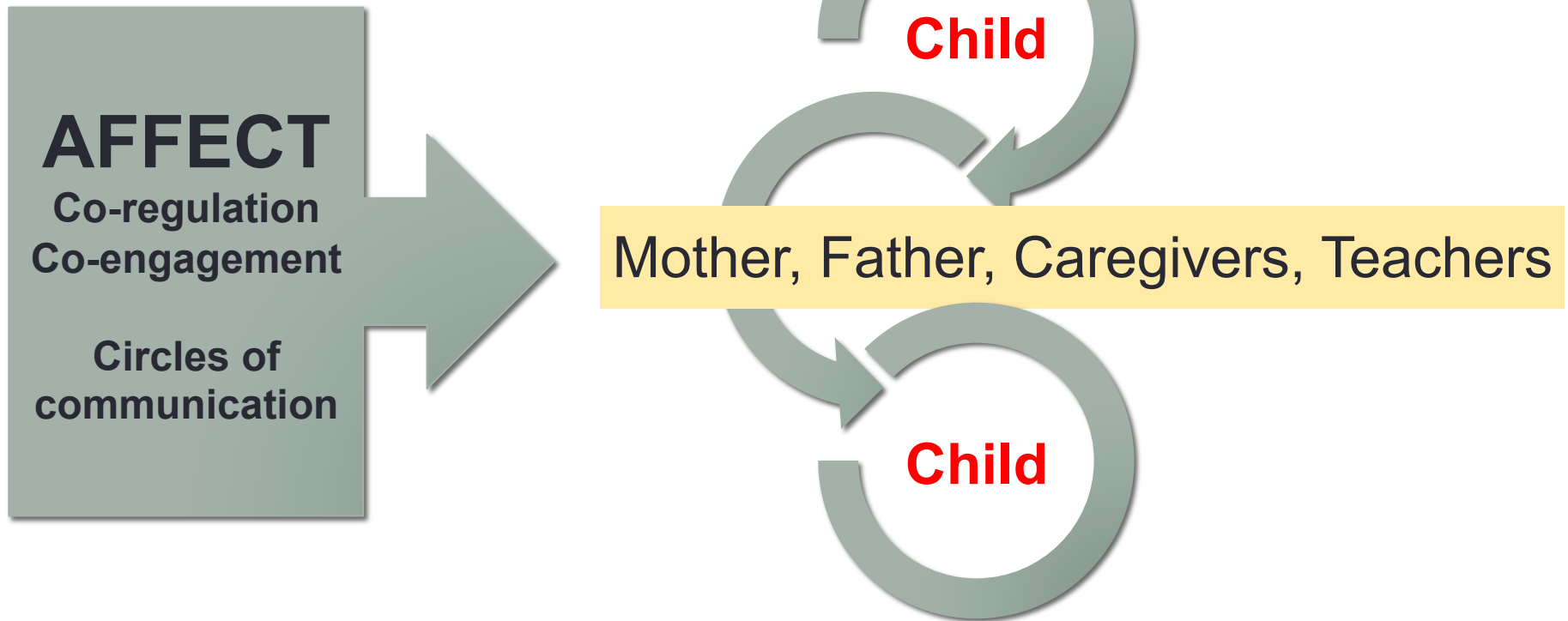
Opposition: essential for identity development

First Period of Opposition
("Terrible two's")

Second Period of Opposition
(Adolescence)

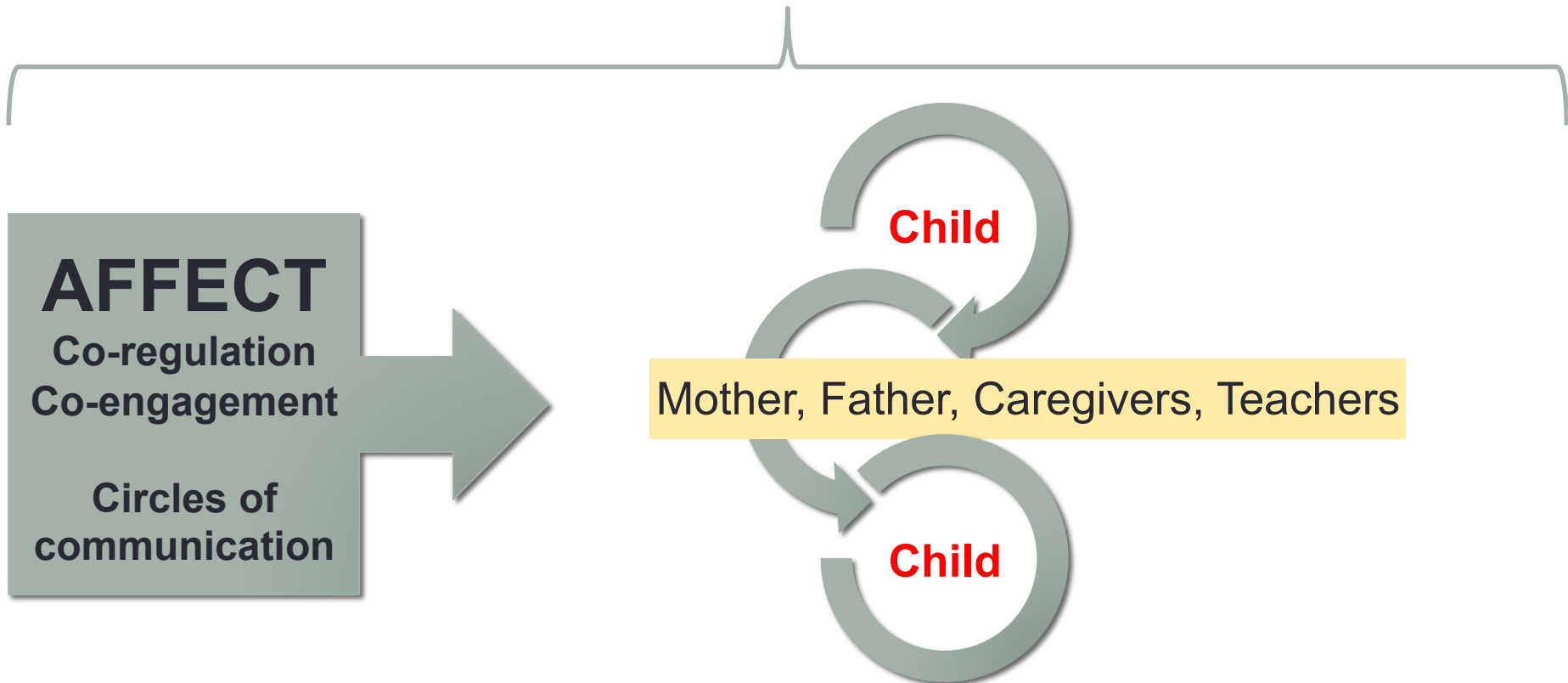


Floortime every day



The role of the therapist

- 1) Insights of different disciplines to better understand individual profile (“I”)
- 2) Emotional support (“R”)
- 3) Developmental guidance through reflective practice (“D”)



ROLE OF ANY THERAPIST: SUPPORTING THE DYAD

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ADULT

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